

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90556 022 \*\*\*150.00

**DOCUMENT # P00000031062**

1. Entity Name

SOUTHERN RACEWAY OF MILTON, FLORIDA, INC.



Principal Place of Business

9325 NICHOLS LAKE ROAD  
MILTON FL 32583-9488

Mailing Address

9325 NICHOLS LAKE ROAD  
MILTON FL 32583-9488

2. Principal Place of Business

9359 NICHOLS Lake Rd  
Suite, Apt. #, etc.

3. Mailing Address

9359 NICHOLS Lake Rd  
Suite, Apt. #, etc.



MOORE

CR2E034 (11/03)

City & State

Milton FL

City & State

Milton FL

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

Zip

32583

Country

USA

Zip

32583

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required.

6. Name and Address of Current Registered Agent

ARNOLD, MICHAEL H  
9325 NICHOLS LAKE ROAD  
MILTON FL 32583-9488

7. Name and Address of New Registered Agent

Name: Arnold, Michael H  
Street Address (P.O. Box Number is Not Acceptable)

9359 NICHOLS Lake Rd  
City: Milton FL Zip Code: 32583

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE

4/21/04

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2004 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution.

☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE: O  
NAME: ARNOLD, MJ  
STREET ADDRESS: 8595 SCENIC HILLS DR.  
CITY-ST-ZIP: PENSACOLA FL 32514 ☐ Delete

TITLE: P  
NAME: ARNOLD, MICHAEL H  
STREET ADDRESS: 1245 HWY 95A SOUTH  
CITY-ST-ZIP: CANTONMENT FL 32533 ☐ Delete

TITLE: M  
NAME: WILLIAMS, SANDRA K  
STREET ADDRESS: 1245 HWY 95A SOUTH  
CITY-ST-ZIP: CANTONMENT FL 32533 ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

TITLE: ☐ Delete  
NAME: ☐ Delete  
STREET ADDRESS: ☐ Delete  
CITY-ST-ZIP: ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

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TITLE: ☐ Change ☐ Addition  
NAME: ☐ Change ☐ Addition  
STREET ADDRESS: ☐ Change ☐ Addition  
CITY-ST-ZIP: ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sandra K. Williams

SANDRA K. WILLIAMS 4/21/04

(850) 623-2333

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #